BILL OR RESOLUTION NUMBER

# **RECORD OF COMMITTEE WITNESS**

ILLINOIS HOUSE OF REPRESENTATIVES

COMMITTEE STATE COV. BOMIN DATE 4-27-2011
OTHER (Subject matter)

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		City FREDERICK State 1L Zip 62639
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	Opponent	☐ No Position on Merits
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Written Staten	nent Filed	Record of Appearance Only
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SBIZTO	COM	MITTEE _ SZ	te Gout.	DAT	E 4/27/11
BILL OR RESOLUTION NUMBER	OTHI	ER (Subject matter)			
I. IDENTIFICATION Name	Rien	ner SR			
		City		State	Zip
Title Phone E-Mail			Firm/Business or Ag Fax		
II. REPRESENTATION (This sec Persons, groups, firms repr	tion to be filled if the esented in this appear	e witness is appearing	on behalf of any grou	up, organiza 1ting	tion or other entity.)
III. POSITION (Check appropriate Original Bill Amendment (s) #	Proponent	35 000 10	☐ No Position o	on Merits	
IV. TESTIMONY (Check appropr Oral	wiate box)  Written Statem		Record of Ap	ppearance O	nly
		Signature	- rky 1	1	

**RECORD OF COMMITTEE WITNESS** 

ILLINOIS HOUSE OF REPRESENTATIVES

COMMITTEE H-State Govt. Admin. DATE 04/27/11

BILL OR RESOLUTION NUMBER		ER (Subject matter)_			
I. IDENTIFICATION					
NameChris Cases	/ - American	Institute of Arc	chitects, Illinois Council		
Address 1 Old State	Capitol Plz. N	N., Ste. 300 City	Springfield State IL	Zip 62701	
Title			Firm/Business or Agency		
Phone217-522-23	0.0	Fax 217-5225370			
E-Mail _ccasey@aiail					
II. REPRESENTATION (This sec.	tion to be filled if the	e witness is appearing o	on behalf of any group, organization	n or other entity.)	
III. POSITION (Check appropriat	e box)				
Original Bill Amendment (s) # SFA 4	Proponent	Opponent Opponent X	☐ No Position on Merits		
IV. TESTIMONY (Check appropr	iate box)				
☐ Oral	☐ Written Statem	ent Filed	Record of Appearance Only		
		Signature	Chris Case	-	

# 5B1270

# **RECORD OF COMMITTEE WITNESS**

ILLINOIS HOUSE OF REPRESENTATIVES

COMMITTEE ST. GOU'T ADMIN DATE 4 MAY 2011 BILL OR RESOLUTION NUMBER OTHER (Subject matter)\_\_\_\_ I. IDENTIFICATION Name C. VICTOR SMITH Name C. V/CTOR SM/TH

Address RT 1 BOX 6 City FREDERICK State 1 L Zip 62639

Title LEGISLATIVE DINECTOR Firm/Business or Agency VF W

Phone 21) 323-5116 Fax

E-Mail CUSMITH & HOTMAIL, COM II. REPRESENTATION (This section to be filled if the witness is appearing on behalf of any group, organization or other entity.) Persons, groups, firms represented in this appearance WETERANS of FOREIGN WARS, DEP'T of ILLINO, 5 III. POSITION (Check appropriate box) Original Bill Proponent Opponent ☐ No Position on Merits Amendment (s) # Proponent Opponent IV. TESTIMONY (Check appropriate box) Oral Record of Appearance Only ☐ Written Statement Filed Signature C. Virolan Sonto

56 12 10	COM	MITTEE State	Gout Ad	min DAT	TE 5/4/11
BILL OR RESOLUTION NUMBER		ER (Subject matter)_			/ /
I. IDENTIFICATION  Name The Mor	phew & E	3:LL ENlo	W		
Address	, ,	Cit	ly	State	Zip
Title			_Firm/Business o	r Agency	
Phone E-Mail			Fax		
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Persons, groups, firms represe	ented in this appear	rance	ompanes -	- Illinois	
III. POSITION (Check appropriate)	box)	~			
Original Bill	Proponent	Opponent	☐ No Positi	on on Merits	
Amendment (s) #	Proponent X	Opponent			
IV. TESTIMONY (Check appropria	te box)				
☐ Oral	■ Written Stateme	ent Filed	Record o	f Appearance Or	nly
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# RECORD OF COMMITTEE WITNESS

ILLINOIS HOUSE OF REPRESENTATIVES

COMMITTEE H-ST Govt. Admin. DATE 05/04/11 BILL OR RESOLUTION NUMBER OTHER (Subject matter) I. IDENTIFICATION Name Chris Casey - American Institute of Architects, Illinois Council Address 1 old State Capitol Plz. N., Ste. 300 City Springfield State IL Zip 62701 Title Firm/Business or Agency Phone 217-522-2309 Fax 217-5225370 E-Mail ccasey@aiail.org II. REPRESENTATION (This section to be filled if the witness is appearing on behalf of any group, organization or other entity.) Persons, groups, firms represented in this appearance III. POSITION (Check appropriate box) Original Bill Proponent ☐ Opponent ☐ No Position on Merits Amendment (s) # HA 1 Proponent X Opponent IV. TESTIMONY (Check appropriate box) Oral ☐ Written Statement Filed Record of Appearance Only Thris Casur

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	COMM	MITTEE State	Gut	DATE	5-4-11
BILL OR RESOLUTION NUMBER					
I. IDENTIFICATION		R (Subject matter)_			
Name David Kon	nely	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Address	,	City	·	State	Zip
Title			Firm/Business or / Fax		
E-Mail					
II. REPRESENTATION (This section	n to be filled if the	witness is appearing	on behalf of any gr	oup, organizație	on or other entity)
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IV. TESTIMONY (Check appropriat					
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		Signature	Davidkon	me	
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ILLINOIS HOUSE OF REPRESENTATIVES State Government BILL OR RESOLUTION NUMBER  $OTHER (Subject \ matter) \_$ I. IDENTIFICATION 1:11 Court City Title Firm/Business or Agency Phone Fax E-Mail II. REPRESENTATION (This section to be filled if the witness is appearing on behalf of any group, organization or other entity.) Persons, groups, firms represented in this appearance Tlinoid Dep ENGINEER III. POSITION (Check appropriate box) Original Bill Proponent Proponent Opponent No Position on Merits Proponent Opponent \_\_ IV. TESTIMONY (Check appropriate box) Oral ☐ Written Statement Filed

Signature

# **RECORD OF COMMITTEE WITNESS**

BILL OR RESOLUTION NUMB	ER	IMITTEE STAT	le Govt. DATE	
	OTH	ER (Subject matter)_		
I. IDENTIFICATION	· ().			
Name	im Kien	ner Sr.		
Address		City	State Zip	
Title			Firm/Business or Agency	
Phone	Fax			
E-Mail				
Persons, groups, firms re	presented in this appea	rance JAR (	on behalf of any group, organization or other e	entity.)
III. POSITION (Check appropr	iate box)			
Original Bill	Proponent	Opponent	☐ No Position on Merits	
Amendment (s) #	Proponent	Opponent		
IV. TESTIMONY (Check appro	priate hox)			
Oral	☐ Written Statem		Record of Appearance Only	
1 / 1/(( ) ) / ( )		Signature	- 1	